

CAPE COD MUNICIPAL HEALTH GROUP

**HPHC HMO PLANS for FY18**

Plan design features	FY18		FY18	
	HPHC Standard Deductible HMO		HPHC HSA-Qualified High Deductible HMO	
	<i>Individual</i>	<i>Family</i>	<i>Individual</i>	<i>Family</i>
Deductible	\$300	\$900	\$2,000	\$4,000
Office Visit - PCP	\$20 copay per visit		Deductible then CIF*	
Office visit - Specialist	\$45 co-pay		Deductible then CIF*	
Preventive care as defined by ACA, including routine physical	Covered in full (CIF)*		Covered in full (CIF)*	
Inpatient	\$500 co-pay		Deductible then CIF*	
Day Surgery	Deductible then \$250 co-pay		Deductible then CIF*	
ER	Deductible, then \$100 per visit, waived if admitted		Deductible then CIF*	
Hi-Tech Imaging (CT, MRI, PET scans)	Deductible, then \$100 co-pay per procedure		Deductible then CIF*	
Diagnostic X-ray and lab	Deductible then CIF*		Deductible then CIF*	
Chiropractic (20 visits/year limit)	Not covered		Deductible then CIF*	
Outpt. PT & OT (30 visits/yr combined)	\$20 copay per visit/30 visits per year		Deductible then CIF*	
DME	After Deductible, 20% coinsurance until member has paid \$1000 out-of-pocket, then CIF*		Deductible then CIF*	
Pharmacy	3 tier Retail: \$10/30/65 3 tier Mail Order: \$25/75/165		After deductible**: 3 tier Retail: \$10/30/65 3 tier Mail Order: \$25/75/165	
Out-of-Pocket Max.	<i>Individual</i> \$2000 medical \$2000 Rx	<i>Family</i> \$4000 medical \$4000 Rx	<i>Individual</i> \$5,000	<i>Family</i> \$10,000 combined medical & Rx
Fitness Benefit	Up to \$150/subscriber at a health & fitness club/cal. yr. Must be an active member of HPHC and the fitness facility for at least 4 consecutive mos.		Up to \$150/subscriber at a health & fitness club/cal. yr. Must be an active member of HPHC and the fitness facility for at least 4 consecutive mos.	

**Notes:** (1) Single Parent/Single Child (SP/SC) plan design for the high deductible plan is the same as the Family plan design.  
 (2) HMO Standard Deductible plan design changes for FY18 appear in red font.

\* CIF means Covered In Full

\*\* Deductible does not apply to certain preventive drugs

**Harvard Pilgrim PPO PLANS for FY18**

Plan design features	FY18 HPHC Standard Deductible PPO		FY18 HSA-Qualified High Deductible PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$300/member, \$900/Family	\$400/member, \$800/Family	\$2,000 Individual, \$4,000 Family	\$2,000 Individual, \$4,000 Family
Office Visit - PCP	\$20 copay per visit	20% coinsurance	Deductible then CIF*	Deductible then 20% coinsurance
Office visit - Specialist	\$45 co-pay per visit	20% coinsurance	Deductible then CIF*	Deductible then 20% coinsurance
Preventive care as defined by ACA, incl. routine physical	Covered in full (CIF)*	20% coinsurance	Covered in full (CIF)*	20% coinsurance
Inpatient	Deductible then \$500 co-pay per admission	Deductible then 20% coinsurance	Deductible then CIF*	Deductible then 20% coinsurance
Day Surgery	Deductible then \$250 co-pay	Deductible then 20% coinsurance	Deductible then CIF*	Deductible then 20% coinsurance
ER	Deductible then \$100 per visit, waived if admitted		Deductible then CIF*	
Hi-Tech Imaging (CT, MRI, PET scans)	Deductible, then \$100 co-pay per procedure	Deductible, then 20% coinsurance	Deductible then CIF*	Deductible then 20% coinsurance
Diagnostic X-ray and lab	Deductible then CIF*	Deductible, then 20% coinsurance	Deductible then CIF*	Deductible then 20% coinsurance
Chiropractic (20 visits/year limit)	Not covered		Deductible then CIF*	Deductible then 20% coinsurance
Outpt. PT & OT (30 visits/yr combined)	\$20 copay per visit/30 visits per year		Deductible then CIF*	Deductible then 20% coinsurance
DME	After Deductible, 20% coinsurance until member has paid \$1000 out-of-pocket, then CIF*	After Deductible, then 20% coinsurance	Deductible then CIF*	Deductible then 20% coinsurance
Pharmacy	3 tier Retail: \$10/30/65 3 tier Mail Order: \$25/75/165		After deductible** : 3-tier Retail: \$10/30/65 3 tier Mail Order: \$25/75/165	
Out-of-Pocket Max.	\$2000 med./member \$2000 Rx/member \$4000 medical/Family \$4000 Rx/Family	\$3,000 per member (medical & Rx combined)	\$5,000 Ind./\$10,000 Family combined medical & Rx Combined In-Network & Out-of-Network	
Fitness Benefit	Up to \$150/subscriber at a health & fitness club/cal. yr. Must be an active member of HPHC and the fitness facility for at least 4 consecutive mos.		Up to \$150/subscriber at a health & fitness club/cal. yr. Must be an active member of HPHC and the fitness facility for at least 4 consecutive mos.	

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